

IN PATIENT SUMMARY BILL

UHID : MHI202371044

IP No : IPH2024000118

Patient name : Mr.RAMAN NAGARAJAN JANAKI

Age : 45/Male

Bill No : MMH/HM/IPH202400129

Bill Date : 17/01/2024

DOA : 15/1/2024 12:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,250.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEDURE	₹ 500.00
8	LABORATORY	₹ 7,545.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,400.00
11	OP REGISTRATION	₹ 150.00
12	OPERATION THEATRE CHARGES	₹ 1,500.00
13	PHARMACY CHARGE	₹ 7,233.00
14	PROFESSIONAL TEAM FEES	₹ 8,000.00
15	RADIOLOGY	₹ 400.00
Gross Amount		₹ 45,628.00
Net Payable		₹ 45,628.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 30,628.00

Received Amount in Words : Forty-Five Thousand Six Hundred Twenty-Eight Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	5,000.00
2	15/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	10,000.00
3	17/01/2024	MMH/HM/RECBD202401	CARD	Collected Amount	30,628.00